

Cascade - Topic Guide for Hospital Staff

Introduction and explanation of study

First a few questions about you and your role:

What is your role / position / job title?

(If a health/care professional) When did you first qualify?

Have you had any specialist training about dementia?

If yes, what sort of training was that?

Can you tell me what dementia case-finding means to you?

Can you outline how dementia case-finding has been implemented in your hospital?

What assessments / referral process etc?

What do you think this system/process is trying to achieve?

Did you have any input into how your hospital's case-finding was set up?

In what way does your job have anything to do with dementia case-finding?

Or specifically with the "Find – Assess – Investigate – Refer" dementia CQUIN?

What is your role in the case-finding process?

How do you find that the system / process works in practice?

What works well? Any examples of positive outcomes?

What doesn't work so well? Any negative examples / particular problems?

Any thoughts on why? (both why processes work and/or why they don't always)

Can you suggest ways to improve or change anything that has not worked well?

What do you think of dementia case-finding being undertaken in hospitals?

(thinking in general terms...) Is it appropriate?

P.T.O.

How does your hospital feedback the results of dementia case finding to a patient's GP?

What information is sent to the GP after a patient has been discharged?

... e.g. results of assessments? new diagnoses? suggested referral for investigation?

... categories such as "cause for concern", "at risk", etc? specific advice? care plans?

Who puts together this information for the GP?

What system prompts encourage this reporting? e.g. discharge summary letter

The "Find – Assess – Investigate – Refer" Dementia CQUIN has recently undergone some further changes – are you aware of these changes? (If not, explain what these changes are)

– do you think these changes will improve how case-finding works?

Are you aware of any impacts that dementia case-finding in hospitals may be having after patients are discharged?

e.g. affecting how your practices identify and support people with dementia?

What impact(s), if any, do you think hospital case-finding has had for GPs?

Are you aware of any impacts of hospital dementia case-finding on other services?

e.g. Do you refer directly for further investigation if dementia is suspected? If so, have you noticed any changes when you refer? ... waiting time till appointment, etc

I'd like to ask you about support for people who have dementia:

What can you offer your patients with dementia when they are discharged?

What kinds of support is available in your area – for people with dementia? carers?

Are there difficulties accessing support? Can GPs help with access to support?

What do you think the impact has been on patients? And their carers / families?

THANK YOU VERY MUCH FOR YOUR TIME